

| Regimens* | Dosages | Comments |
|---|--|---|
| <p>Rifampin Daily x 4 months</p> <p>[4R]</p> | <p>Preparation: 150 mg or 300 mg capsules</p> <p>Adults: Generally 600 mg. Consider 450 mg once daily for adults who weigh less than 50 kg</p> <p>Children: 15-20 mg/kg once daily (600 mg maximum)</p> <p>Target Duration: 120 doses within 180 days</p> | <ul style="list-style-type: none"> • Higher rate of treatment completion • Lower rate of side effects, especially drug-induced hepatitis • Caution: drug-drug interactions |
| <p>Isoniazid (INH) + Rifapentine Once weekly x 12 weeks</p> <p>[3HP]</p> | <p>Isoniazid Adults and Children (age 12 and older): 15 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)</p> <p>Children (age 2-11): INH 25 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)</p> <p>Rifapentine Adults and Children: once weekly dosage by weight</p> <p>Preparation: 150 mg tablets. 300 mg for 10.0 – 14.0 kg, 450 mg for 14.1 – 25.0 kg, 600 mg for 25.1 – 32.0 kg, 750 mg for 32.1 – 49.9 kg, 900mg for ≥50.0 kg</p> <p>Target Duration: 12 doses within 16 weeks</p> | <ul style="list-style-type: none"> • Higher rate of treatment completion • Lower rate of drug-induced hepatitis • Higher rate of treatment discontinuation due to adverse events • Caution: drug-drug interactions due to rifapentine |
| <p>Isoniazid (INH) + Rifampin Daily x 3 months</p> <p>[3HR]</p> | <p>Isoniazid</p> <p>Preparation: 100 mg or 300 mg tablets</p> <p>Adults: 5 mg/kg per dose (300 mg max) Consider 200 mg once daily for adults 40 kg or less</p> <p>Children: 10-15 mg/kg per dose (300 mg max)</p> <p>Rifampin</p> <p>See the dosages for “Rifampin Daily x 4 months [4R]”</p> <p>Target Duration: 90 doses within 4 months</p> | <ul style="list-style-type: none"> • Higher rate of treatment completion • Similar rate of drug-induced hepatitis compared to daily INH • Higher rate of treatment discontinuation due to adverse events • Caution: drug-drug interactions due to rifampin |

* Refer to the full LTBI Treatment Guidance in Washington State: Updated Dec. 2020 document for details.

| Regimens* | Dosages | Comments |
|---|--|---|
| Isoniazid Daily x 6 – 9 months [6H/9H] | Preparation: 100 mg or 300 mg tablets Adults: 5 mg/kg per dose (300 mg max) Consider 200 mg once daily for adults 40 kg or less Children: 10-15 mg/kg per dose (300 mg max) Target duration: 180 doses within 9 months; 270 doses within 12 months | <ul style="list-style-type: none"> For those who cannot swallow pills (e.g., younger children), crush tablets as liquid suspension is poorly tolerated Lowest rates of treatment completion |

- **Monthly symptom review** to assess side effects for any regimens
- **Pyridoxine:** If the patient has diabetes, HIV, renal failure, alcoholism, poor nutrition, or is pregnant/breast-feeding, give pyridoxine 25-50 mg daily for 3HR and 6H/9H, or pyridoxine 50 mg once weekly for 3HP

The comparison of the LTBI regimens

| | Frequency | The typical number of pills each time (adults > 50 kg) | Completion rate (compared to INH) | Risk of drug - induced hepatitis (compared to INH) | Rate of treatment discontinuation due to adverse effects (compared to INH) | Drug-drug interactions (compared to INH) |
|--------------|-------------|--|-----------------------------------|--|--|--|
| 4R | Once daily | 2 pills | Higher | Lower | Lower | Higher |
| 3HP | Once weekly | 9 pills | Higher | Lower | Higher | High, but lower than 4R or 3HR |
| 3HR | Once daily | 3 pills | Higher | Similar | Higher | Higher |
| 6H/9H | Once daily | 1 pill | | | | |

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